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Pharmacist's Manual

United States Department of Justice
Drug Enforcement Administration

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An Informational Outline of the
Controlled Substances Act of 1970

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Drug Enforcement Administration
U.S. Department of Justice

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This booklet has been prepared by the Office of Compliance and Regulatory Affairs as part of DEA's Voluntary Compliance Program to assist pharmacists in their understanding of the Controlled Substances Act of 1970 and its implementing regulations.

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United States Department of Justice
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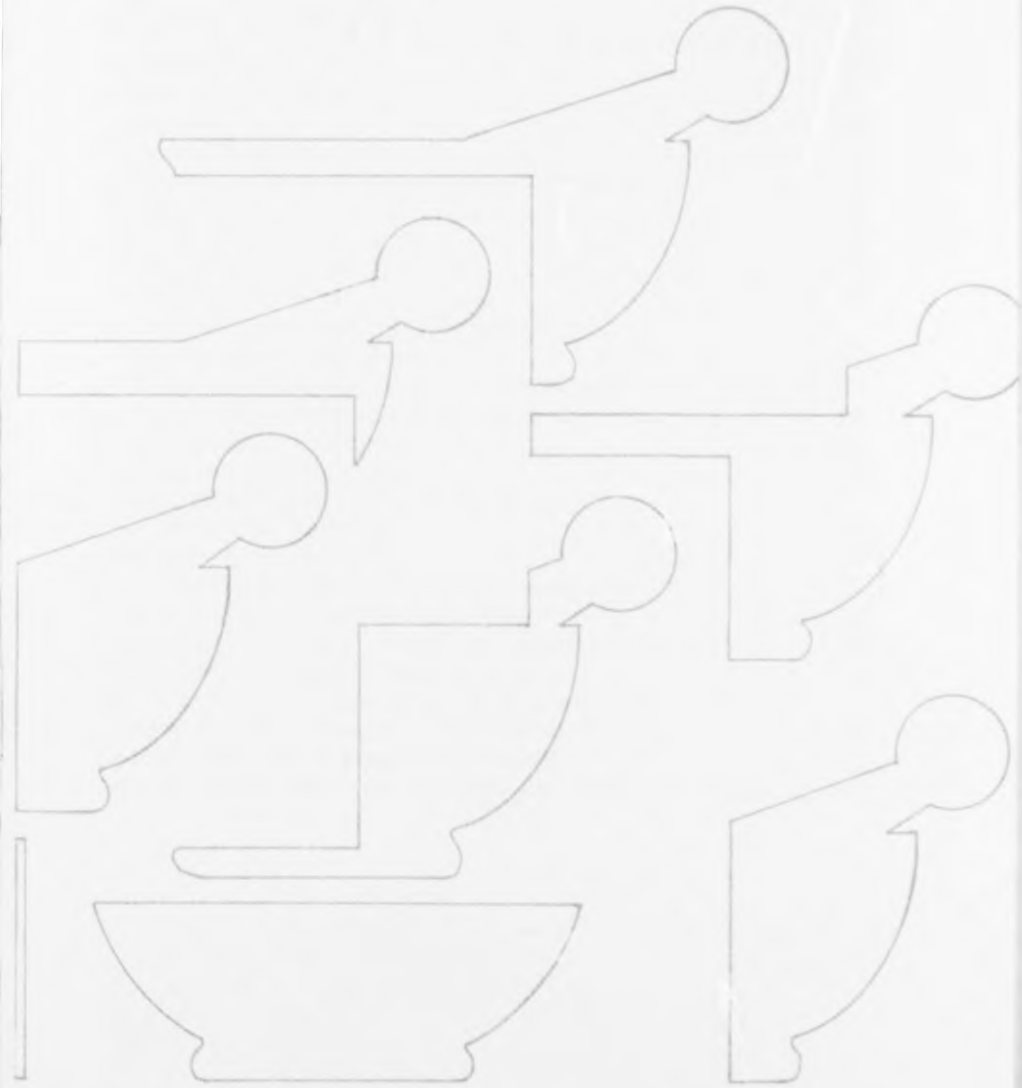

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Application of State Law and Federal Law

Nothing in this pamphlet shall be construed as authorizing or permitting any person to do any act which he is not authorized or permitted to do under other Federal or State laws. In addition, none of the policy and information in this pamphlet may be construed as authorizing or permitting any person to do any act which he is not authorized, or refuse to meet any requirements imposed under the regulations published in the most recent publication of Title 21, Chapter II, of the Code of Federal Regulations (21 CFR, Part 1300 to End). Printed copies of the complete regulations implementing the Controlled Substances Act of 1970 may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.* Proposed and finalized amendments to the regulations are published in the Federal Register.

In many cases State law is much more stringent than Federal law and will not allow you to do things that you would be authorized under Federal law. This pamphlet is an informational outline of Federal law covering specific situations as outlined in the Federal Regulations.

Editor's Note: Selected portions of the regulations promulgated under the Controlled Substances Act that are of most concern to pharmacists and physicians and students of pharmacy and medicine are presented in the United States Pharmacopeia as a service to the professions. They are provided at the suggestion of the Drug Enforcement Administration in accordance with its Voluntary Compliance Program.

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Drug Enforcement Administration

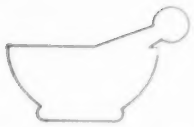
The Drug Enforcement Administration is the lead Federal law enforcement agency charged with the responsibility of combating drug abuse. The Administration was established July 1, 1973 by Presidential Reorganization Plan No. 2 of 1973. It resulted from the merger of the Bureau of Narcotics and Dangerous Drugs, the Office for Drug Abuse Law Enforcement, the Office of National Narcotic Intelligence, those elements of the Bureau of Customs which had drug investigative responsibilities, and those functions of the Office of Science and Technology which were drug enforcement related. The Administration was established to control more effectively narcotic and dangerous drug abuse through enforcement and prevention. In carrying out its mission, the Administration cooperates with other Federal agencies, foreign as well as State and local governments, private industry, and other organizations.

Since 1914, the Congress has enacted more than 50 pieces of legislation relating to control and diversion of drugs. The Controlled Substances Act of 1970 became effective May 1, 1971. It collects and conforms most of these diverse laws into one piece of legislation. The law is designed to improve the administration and regulation of manufacturing, distribution, and the dispensing of controlled substances by providing a "closed" system for legitimate handlers of these drugs. Such a closed system should help reduce the widespread diversion of these drugs out of legitimate channels that find their way into the illicit market.

This informational outline has been prepared to acquaint pharmacists with requirements set up under the Controlled Substances Act of 1970, as they affect pharmacy practice.

The drugs and drug products that come under the jurisdiction of the Controlled Substances Act are divided into five Schedules. There are some examples outlined in each schedule below. For a listing of controlled drugs, contact any office of the Drug Enforcement Administration. The addresses are listed in the back portion of this outline.

Schedules of Controlled Drugs



The drugs that come under jurisdiction of the Controlled Substances Act are divided into five Schedules.* They are as follows:

Schedule I Substances

The drugs in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroin, marihuana, LSD, peyote, mescaline, psilocybin, tetrahydrocannabinols, ketobemidone, levomoramide, racemoramide, benzylmorphine, dihydromorphine, nicocodeine, nicomorphine, and others.

Schedule II Substances

The drugs in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant, and depressant drugs. Some examples of Schedule II controlled narcotic substances are: opium, morphine, codeine, hydromorphone (Dilaudid), methadone (Dolophine), pantopon, meperidine (Demerol), cocaine, oxycodone (Percodan), anileridine (Leritine), and oxymorphone (Numorphan). Also in Schedule II are amphetamine (Dexedrine) and methamphetamine (Desoxyn), phenmetrazine (Preludin), methylphenidate (Ritalin), amobarbital, pentobarbital, secobarbital, methaqualone, etorphine hydrochloride, diphenoxylate, and phencyclidine.

Schedule III Substances

The drugs in this schedule have an abuse potential less than those in Schedules I and II, and include compounds containing limited quantities of certain narcotic drugs, and non-narcotic drugs such as: derivatives of barbituric acid except those that are listed in another schedule, glutethimide (Doriden), methyprylon (Noludar), chlorhexadol, sulfondiethylmethane, sulfonmethane, nalorphine, benzphetamine, chlorphentermine, clortermine, mazindol, phendimetrazine, and paregoric.

**Examples of trademark products appear in parenthesis. Scheduling applies to all similar drug products of all other pharmaceutical manufacturers within each generic drug classification.*

Schedule IV Substances

The drugs in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: barbital, phenobarbital, methylphenobarbital, chloral betaine (Beta Chlor), chloral hydrate, ethchlorvynol (Placidyl), ethinamate (Valmid), meprobamate (Equanil, Miltown), paraldehyde, methohexital, fenfluramine, diethylpropion, phentermine, chlordiazepoxide (Librium), diazepam (Valium), oxazepam (Serax), clorazepate (Tranxene), flurazepam (Dalmane), clonazepam (Clonopin), prazepam (Verstran), lorazepam (Ativan), mebutamate, dextropropoxyphene (Darvon), and pentazocine (Talwin).

Schedule V Substances

The drugs in this schedule have an abuse potential less than those listed in Schedule IV and consist of preparations containing limited quantities of certain narcotic drugs generally for antitussive and antidiarrheal purposes.

Retail Distribution Restrictions For Schedule V Substances

Schedule V controlled substances or any controlled substance which is not a prescription item under the Federal Food, Drug, and Cosmetic Act, may be distributed without a prescription order at retail provided that:

1) Such distribution is made only by a pharmacist and not by a non-pharmacist employee even if under the direct supervision of a pharmacist. However, after the pharmacist has fulfilled his professional and legal responsibilities, the actual cash, credit transaction, or delivery, may be completed by a non-pharmacist.
2) Not more than 240 ml. (8 fluid ounces) or not more than 48 solid dosage units of any substance containing opium, nor more than 120 ml. (4 fluid ounces) or not more than 24 solid dosage units of any other controlled substance, may be distributed at retail to the same purchaser in any given 48-hour period without a valid prescription order.
3) The purchaser at retail is at least 18 years of age.
4) The pharmacist requires every purchaser at retail of a

Schedule V controlled substance not known to him to furnish suitable identification (including proof of age where appropriate).

5) A Schedule V bound record book is maintained which contains the name and address of the purchaser, kind and quantity of controlled substance purchased, date of each sale and initials of the dispensing pharmacist. This record book shall be maintained for a period of two years from the date of the last transaction entered in such record book, and it shall be made available for inspection and copying by officers of the United States, authorized by the Attorney General.

6) Other Federal, state, or local law does not require a prescription order.

Symbols and Labeling

Each commercial container of a controlled substance is required to have on its label a symbol designating to which Schedule it belongs. The symbol for Schedule I through V controlled substances is as follows: or C-I; or C-II; or C-III; or C-IV; and or C-V. These symbols are not required on prescription containers dispensed by a pharmacist to a patient in the course of his professional practice.

What the Prescription Medication Label Must Contain

The pharmacist dispensing a prescription order for a controlled substance must affix to the container a label showing the pharmacy name and address, the serial number and date of initial dispensing, the name of the patient, the name of the practitioner issuing the prescription order, and directions for use and cautionary statements, if any, contained in the prescription order as required by law.

The label of any drug listed as a "Controlled Substance" in Schedules II, III, or IV of the Controlled Substances Act shall, when dispensed to or for a patient, contain the following warning:

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

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Registration

Every pharmacy engaged in distributing or dispensing any controlled substance must register with the Drug Enforcement Administration. The registration must be renewed annually and the certificate of registration must be maintained at the registered location and kept available for official inspections. If a person owns and operates more than one pharmacy, he must register each place of business. A registration fee of $5.00 is charged annually for each registration. Every pharmacy will receive a re-registration application approximately 45 days before the expiration date of his registration each year.

New Registrations

Pharmacies that seek to become registered for the first time must request a registration application for new registrants from the Drug Enforcement Administration, P.O. Box 28083, Central Station, Washington, D.C. 20005, or from any DEA Regional Office. Modifications such as change of address, location, or name by existing registrants may be made in accordance with § 1301.61, Title 21, Code of Federal Regulations.

Any pharmacy engaged in co-op buying of controlled substances must register as a distributor with the Drug Enforcement Administration.

In order to be registered as a distributor, a pharmacy must meet the security requirements as set forth for a distributor (wholesaler) and keep records required of a distributor.

An affidavit system for expediting pharmacy applications may be used to expedite obtaining a DEA registration number for either a new pharmacy or for the transfer of ownership of an existing pharmacy. Additional information may be obtained from any DEA office.

Records

Every pharmacy engaged in handling controlled substances must keep complete and accurate records of all receiving and dispensing transactions. All such records shall be maintained for a period of two years.

All inventories and records of controlled substances in Schedule II must be maintained separately from all other records of the registrant. All inventories and records of controlled

substances in Schedules III, IV, and V must be maintained separately or must be in such form that they are readily retrievable from the ordinary professional and business records of the pharmacy.

All records pertaining to controlled substances shall be made available for inspection and copying by duly authorized officials of the Drug Enforcement Administration.

When a registrant first engages in business, and every two years thereafter, he must make a complete and accurate inventory of all stocks of controlled substances on hand. This inventory record shall be kept by the registrant for a period of two years. *Pharmacies are not required to submit a copy of the inventory to the Drug Enforcement Administration.* See Inventory Requirements.

Central Recordkeeping

Central recordkeeping permits are no longer issued by the DEA. However, permission to keep central records is required and must be approved by the Regional Director in your area. A registrant who wishes to keep central records must make written request to the Regional Director. Specific procedures are available from your nearest DEA office.

Emergency Kits

The DEA has issued a statement of policy which provides individual state licensing and regulatory boards with general guidelines for the use and handling of controlled substances used in emergency kits for long term care facilities. Under these guidelines state agencies may promulgate specific rules. For a copy of the statement of policy contact your nearest DEA office.

Transfer of Prescription Information

Under this regulation, DEA will allow the transfer of prescription renewal information for Schedule III, IV, and V controlled substances between pharmacies if permissible under state law. The transfer of prescription renewal information is only allowable on a one time basis except that it may be retransferred to the originating pharmacy.

Continuing Records to be Kept by a Pharmacy

Every pharmacy must maintain on a current basis a complete and accurate record of each controlled substance received.

Copy 3 of executed Order Forms retained by the pharmacy which have been completed as described under section entitled: "Order Forms" will constitute a pharmacy's receiving records for Schedule II controlled substances. Invoices for Schedules III, IV, and V controlled substances will be considered as complete receiving records *if the actual date of receipt is clearly recorded on the invoices by the pharmacist or other responsible individual.*

Order Forms

A triplicate order form is necessary for the transfer of controlled substances in Schedules I and II. Under the Controlled Substances Act, the use of the order forms will be for Schedules I and II drugs only. A registrant desiring DEA order forms can obtain them by requesting them on the initial application form or from the Drug Enforcement Administration, Registration Section, P.O. Box 28083, Central Station, Washington, D.C. 20005.

Once a registrant has obtained DEA order forms a separate requisition form, DEA-222A, will be mailed to the registrant in order to request additional books. No charge is made for order forms.

When a registrant issues an order form for Schedule II controlled substances and when he receives the items ordered he must record, on his retained copy, the number of packages and the date such packages were received. A space is provided for this on the DEA order form. The order form must be completed properly and bear no material alteration or erasure. In these instances a distributor is obligated to refuse the form and may do so in other instances as well if the order form is not completed correctly.

DEA order form books consist of seven sets of order forms. Each pharmacy is allowed a maximum of six books at one time unless it can show that its needs exceed this limit. In such case, the pharmacy should contact the Regional Office of DEA in its area and explain its needs.

Power of Attorney

Any registered pharmacy may authorize one or more individuals, whether or not located at the registered location of the pharmacy, to obtain and execute order forms on its behalf by granting a power of attorney for each such individual. The power of attorney must be signed by the same person who signed the most recent application for registration or re-registration and must contain the signature of the individual being authorized to obtain and execute order forms, which individual will affirm his signature. Any power of attorney may be revoked at any time by the person who signed the power of attorney. It will be necessary to grant a new power of attorney upon the re-registration of a purchaser only if the application for re-registration was signed by a person different from the person who signed the existing power of attorney. The power of attorney should be filed with your executed order forms bearing the signature of the authorized individual named on the power of attorney. DEA does not provide power of attorney forms. See 21 CFR Section 1305.07 for a suggested form for the power of attorney and notice of revocation.

Lost or Stolen Order Forms

When unfilled order forms are lost, the pharmacy must execute a new form in triplicate. The pharmacy must also execute a statement containing the serial number and date of the lost form, stating that the drugs in the lost form were never received, and attach a copy of that statement to Copy 3 of the lost form. A copy of the statement should also be attached to Copies 1 and 2 of the newly-executed order form.

When unused order forms are stolen, the pharmacy must immediately, upon discovery of such theft or loss, report this to the Compliance Division, Investigations Section, Drug Enforcement Administration, 1405 I St., N.W., Washington, D.C. 20537, stating the serial numbers of each form lost or stolen. If an entire book or books of order forms is lost or stolen, and the pharmacist is unable to state the serial numbers, he shall report, in lieu of the serial numbers, the date of approximate date of issuance.

If any unused order form reported stolen or lost is later recovered or found, the pharmacy shall immediately notify DEA at the above-mentioned address.

Prescription Orders

Who May Issue

A prescription order for a controlled substance may be issued only by a physician, dentist, podiatrist, veterinarian, or other registered practitioner who is:

(1) Authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession;and

(2) Either registered under the Controlled Substances Act or exempted from registration (military and Public Health Service physicians).

Purpose of Issue

A prescription order for a controlled substance to be effective must be issued for a legitimate medical purpose by a physician acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing physician, but a corresponding liability rests with the pharmacist who dispenses the prescription order. A request purporting to be a prescription order issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription order within the meaning and intent of Section 309 of the Controlled Substance Act and the person knowingly dispensing such a purported prescription order as well as the person issuing it, will be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

Execution of Prescription Orders by Practitioners

All prescription orders for controlled substances shall be dated as of, and signed on the day when issued and shall bear the full name and address of the patient and the name, address, and registration number of the physician. A physician may sign a prescription order in the same manner as he would sign a check or legal document; for instance, J. H. Smith or John H. Smith. Where an oral order is not permitted (Schedule II), prescription orders must be written with ink or indelible pencil or typewriter and must be manually signed by the physician issuing such prescription orders. The prescription order may be prepared by a

secretary or agent for the signature of a physician, but the prescribing physician is responsible in case the prescription order does not conform in all essential respects to the law and regulations.

No prescription for a controlled substance in Schedule II may be refilled and such prescription orders must be kept in a separate file. Prescription orders for controlled substances in Schedules III or IV may be issued either orally or in writing by a physician and may be redispensed if so authorized. Such prescription orders may not be dispensed or redispensed more than six months after the date issued, or be refilled more than five times after the date issued. If a physician wishes a patient to continue on the medication a new prescription order is required. Oral prescription orders must be promptly committed to writing and filed by the pharmacist.

A prescription order for a controlled substance listed in Schedule V may be renewed only as authorized by the prescribing physician on the prescription order. If no such authorization is given, the prescription order may not be renewed (for items which may be sold over-the-counter, however, the burden of determining the propriety of the dispensing is upon the pharmacist). See Retail Distribution Restrictions for Schedule V Substances.

Transmittal of Oral Authorizations for Renewal

A physician's nurse or other member of his staff cannot authorize the renewal of a prescription order for a controlled substance that has been renewed five times or is six months old. The authority for prescribing controlled substances is vested only with the physician, and he cannot delegate this function to anyone else. However, nurses or staff members receiving calls from pharmacies regarding renewals, may act as the physician's agent and transmit the physician's order.

Recording Renewals

A pharmacist after renewing a prescription order for any controlled substance in Schedules III or IV, must enter on the back of that prescription order his initials, the date the prescription order was renewed, and the amount of drug dispensed on such renewals. If the pharmacist merely initials and dates the back of

the prescription order he shall be deemed to have dispensed a renewal for the full face amount of the prescription order.

Partial Dispensing of Schedule II Controlled Substances Prescription Orders

Partial dispensing of a Schedule II controlled substance * is permissible, if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription order. He may supply a portion of the quantity requested provided he makes a notation of the quantity supplied on the face of the written prescription order (or written record of the emergency oral prescription) and so advises the authorizing practitioner. The remaining portion may be dispensed within 72 hours of the first dispensing. No further quantity may be supplied beyond the 72 hours except on a new prescription order.

Partial Dispensing of Schedules III and IV Controlled Substances Prescription Orders

Partial dispensing of prescription orders for controlled substances in Schedules III and IV is permitted if the pharmacist dispensing or refilling the prescription order sets forth the quantity dispensed and his initials on the back of the prescription order. In addition, the partial dispensing may not exceed the total amount authorized in the prescription order and the dispensing of all refills must be within the six month limit.

Filing of Prescription Orders for Controlled Substances

Prescription orders for controlled substances must be filed in one of the following three ways:

1) A pharmacy can maintain three separate files—a file for Schedule II drugs dispensed, a file for Schedules III, IV, and V drugs dispensed, and a file for prescription orders for all other drugs dispensed.

2) A pharmacy can maintain two files—a file for all Schedule II drugs dispensed and another file for all other drugs dis-

The partial dispensing of prescription orders for Schedule II controlled substances beyond the 72 hours limitation is permissible for patients in long term care facilities. Specific procedures must be followed. Consult the nearest DEA office in your area for current information.

pensed including those in Schedules III, IV, and V. If this method is used, the prescription orders in the file for Schedules III, IV, and V must be stamped with the letter "C" in red ink, not less than one inch high, in the lower right corner. This distinctive marking makes the records "readily retrievable" for inspection.

3) A pharmacy can maintain two files—one file for all controlled drugs in all schedules and a second file for all prescription orders for non-controlled drugs dispensed. If this method is used, the prescription orders for drugs in Schedules III, IV, and V in the controlled drug prescription file must be stamped with the red letter "C" not less than one inch high in the lower right corner, as previously mentioned.

In states where the Uniform Narcotic Act (or other state law) requries all narcotic prescription records be kept together, DEA is of the opinion that a positive conflict exists between Federal and state law and, under Section 708 of the Controlled Substances Act, Federal requirements prevail. A prescription order written for office stock or "medical bag" use is not valid. Orders for Schedule II substances must be placed pursuant to an official order form.

Emergency Dispensing of Schedule II Controlled Substances

In the case of a bona fide emergency situation, as defined by the Secretary of Health and Human Services, a pharmacist may dispense a Schedule II controlled substance upon receiving oral authorization of a prescribing physician provided that:

1) The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period. Prescribing or dispensing beyond the emergency period must be pursuant to a written prescription order.

2) The prescription order shall be immediately reduced to writing by the pharmacist and shall contain all information, except for the prescribing physician's signature.

3) If the prescribing physician is not known to the pharmacist, he must make a reasonable effort to determine that the oral

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authorization came from a physician, by verifying his telephone number against that listed in the directory and other good faith efforts to insure his identity.

4) Within 72 hours after authorizing an emergency oral prescription order, the prescribing physician must cause a written prescription order for the emergency quantity prescribed to be delivered to the dispensing pharmacist. The prescription order shall have written on its face "Authorization for Emergency Dispensing." The written prescription order may be delivered in person or by mail, but if delivered by mail it must be postmarked within the 72 hour period. Upon receipt, the dispensing pharmacist shall attach this prescription order to the oral emergency prescription order which had earlier been reduced to writing. *The pharmacist shall notify the nearest office of DEA if the prescribing physician fails to deliver a written prescription order to him; failure of the pharmacist to do so shall void the authority conferred by the subsection to dispense without a written prescription order of a prescribing physician.*

For the purpose of authorizing an oral prescription order of a controlled substance listed in Schedule II of the Controlled Substances Act, the term "emergency situation" means those situations in which the prescribing physician determines that:

1) Immediate administration of the controlled substance is necessary for the proper treatment of the intended ultimate user; and,
2) No appropriate alternative treatment is available, including administration of a drug which is not a controlled substance under Schedule II of the Act; and,
3) It is not reasonably possible for the prescribing physician to provide a written prescription to be presented to the person dispensing the substance, prior to the dispensing.

An emergency means a situation where a quantity of a controlled substance may be dispensed by a pharmacy to a patient who does not have an alternative source for such substance reasonably available to him, and the pharmacy cannot obtain such substances through his normal distribution channels within the time required to meet the immediate needs of the patient for such substance.

Computerization of Prescription Information

A pharmacy is permitted to use a data processing system as an alternative method for the storage and retrieval of prescription order refill information for controlled substances in Schedules III and IV.

The computerized system must provide immediate retrieval (via CRT display or hard-copy printout) of original prescription order information for those prescription orders which are currently authorized for refilling. The information which must be readily retrievable from this type of system must include, but is not limited to, data such as the original prescription number, date of issuance of the prescription order by the physician, full name and address of the patient, the physician's name and DEA registration number, the name, strength, dosage form, quantity of the controlled substance prescribed, the quantity dispensed if different from the quantity prescribed, and the total number of refills authorized by the prescribing physician.

In addition, the system must provide immediate retrieval of the current refill history for Schedule III or IV controlled substance prescription orders that have been authorized for refills during the past six months and backup documentation to show that the refill information is correct. The backup documentation must be stored in a separate file at the pharmacy and be maintained for a two year period from the dispensing date.

Return of Controlled Substances to Supplier

Any pharmacy lawfully in possession of a controlled substance listed in any Schedule may return that substance (without being registered as a distributor) to the person from whom he obtained it or to the manufacturer of the substance, provided that a written record is maintained which indicates the date of the transaction, the name, form and quantity of the substance, the name, address, and registration number, if any, of the person making the return and the name, address, and registration number, if known, of the supplier or manufacturer. In the case of returning a controlled substance listed in Schedule II, an order form shall be issued by the supplier to the pharmacy in the transfer of such substance. This section also applies to other

practitioners who wish to return controlled substances to the supplier.

Distribution by a Pharmacy

A pharmacy (as well as all physician registrants) registered to dispense a controlled substance may distribute (without being registered to distribute) a quantity of such substances to a physician for the purpose of general dispensing by that physician provided that the following conditions are met:

1) The pharmacy or physician to which the controlled substance is being distributed is registered under the Act to dispense that controlled substance.

2) The distribution is recorded as being distributed by the pharmacy and the pharmacy or physician records the substance being received. The pharmacy distributing a controlled substance must record the name of the substance, the dosage form, the quantity and the name, address, and DEA registration number of the pharmacy or physician to whom it is distributed as well as the date of distribution.

3) If the substance is listed in Schedule I or II, the transfer must be made on an official order form.

4) The total number of dosage units of controlled substances distributed by a pharmacy may not exceed 5 percent of all controlled substances dispensed by the pharmacy during the 12 month period in which the pharmacy is registered. If at any time it does exceed 5 percent the pharmacy is required to register as a distributor as well as being registered as a pharmacy.

Drug Security and Control

The following methods of drug security and control are required by the Drug Enforcement Administration:

SECURITY—Pharmacies must keep Schedules II, III, IV, and V controlled substances in a locked cabinet or dispersed throughout the non-controlled stock in such a manner as to deter theft.

DISPOSAL—A pharmacy wishing to dispose of any excess or undesired stocks of controlled substances must contact his nearest DEA Regional or District Office and request the necessary forms (DEA-41). Three copies of Form DEA-41 will be forwarded to the Regional Office which serves the area in which the pharmacy is situated.

A cover letter from the pharmacy must be attached to the reports stating that the controlled substances are not desired and the pharmacy wishes to dispose of them.

Regional Office Action Upon Receipt of Request to Destroy Controlled Substances.

Upon receipt of the required DEA-41 forms and the letter from the pharmacy, one of four courses of action will be utilized. The course of action chosen by the Regional Director or his designee will be stated in letter form, attached to the original copy of the DEA-41 form, and returned to the pharmacy.

The four courses of action in disposing of excess or undesired stock of controlled substances are:

1) The return letter to the pharmacy will advise that the drugs may be destroyed by two responsible parties employed or acting on behalf of the registrant. This course of action will be used when there are factors which preclude an on-the-site destruction witnessed by DEA personnel, such as the firm's history of compliance and the abuse potential of the drugs involved.
2) The return letter to the pharmacy will advise to forward the excess or undesired stocks of controlled substances to the appropriate state agency for destruction. In lieu of actual surrender to the state agency, destruction witnessed by state personnel are acceptable.
3) The return letter will advise to hold the substances until DEA personnel arrive at a mutually convenient time to witness the destruction of the substances. DEA personnel will date and sign the reports or forms after witnessing the destruction.
4) The return letter will advise to forward the substances to the Regional Office of DEA which serves the area in which the registrant is located. Upon receipt of the substances, the

Regional Director or his designee will verify the actual substance submitted. If errors are found, a corrected form must be prepared and the registrant duly notified. The original form will be returned to the registrant.

***Drug Theft*—Any pharmacy involved in loss of controlled substances must notify the DEA Regional Office in its region of the theft or significant loss upon discovery. The pharmacy must make a report regarding the loss or theft by completing DEA Form 106.**

Such report shall contain the following information:

1) Name and address of firm.
2) DEA Registration Number.
3) Date of theft.
4) Local police department notified.
5) Type of theft (night break-in, armed robbery, etc.).
6) Listing of symbols or cost code used by pharmacy in marking containers (if any).
7) Listing of controlled substances missing through theft.

The above report should be made in triplicate. The pharmacy should retain the triplicate copy for its records and forward the original and duplicate copies to the appropriate DEA Regional Office.

Distribution Upon Discontinuance or Transfer of Business

Any registrant desiring to discontinue business activities altogether or with respect to controlled substances (without transferring such business activities to another person) shall return for cancellation his certificate of registration and any unexecuted order forms in his possession to the location as per instruction of the DEA Regional Office in his region.

Any controlled substances in his possession may be disposed of in accordance with instructions under the section of Drug Security and Control.

Any registrant desiring to discontinue business activities altogether or with respect to controlled substances (by transferring such business activities to another person) shall submit in person or by registered or certified mail—return receipt requested to the Regional Director in his region at least 14 days in advance of the date of the proposed transfer:

1) The name, address, registration number of the pharmacy discontinuing business;
2) The name, address, registration number of the person acquiring the pharmacy;
3) Whether the business activities will be continued at the location registered by the person discontinuing business or moved to another location (if the latter, the address of the new location should be listed);
4) The date on which the transfer of controlled substances will occur.

On the day of transfer of the controlled substances, a complete inventory of all controlled substances being transferred shall be taken in accordance with Title 21, Code of Federal Regulations §§ 1304.11-1304.19. This inventory shall serve as the final inventory of the registrant transferor and the initial inventory for the registrant transferee, and a copy of the inventory shall be included in the records of each person. It shall not be necessary to file a copy of the inventory with the DEA unless requested by the Regional Director. Transfers of any substances listed in Schedule II shall require the use of order forms.

On the date of transfer of the controlled substances, all records required to be kept by the registrant transferor with reference to the controlled substances being transferred shall be transferred to the registrant transferee. Responsibility for the accuracy of records prior to the date of transfer remains with the transferor, but responsibility for custody and maintenance shall be upon the transferee.

Inventory Requirements

The Controlled Substances Act (P.L. 91-513) requires each registrant to make a complete and accurate record of all stocks of controlled substances on hand every two years. The biennial inventory date of May 1, may be changed by the registrant to fit his regular general physical inventory date, if any, so long as the date is not more than six (6) months from the biennial date that would otherwise apply. The actual taking of the inventory should not vary more than four (4) days from the biennial inventory date. A registrant desiring to change the date of his biennial inventory date must notify in advance the Regional Director in his region of the date on which he desires to take the inventory.

The inventory record must:

1) List the name, address, and DEA registration number of the registrant.
2) Indicate the date and the time the inventory is taken, i.e., opening or close of business.
3) Be signed by the person or persons responsible for taking the inventory.
4) Be maintained at the location appearing on the registration certificate for at least two years.
5) Keep records of Schedule II drugs separate from all other controlled substances.

When taking the inventory of Schedule II controlled substances, an exact count or measure must be made. When taking the inventory of Schedules III, IV, and V controlled substances, an estimated count may be made unless the container holds more than 1,000 dosage units, in which case an exact count must be made if the container has been opened.

Newly Controlled Substances—occasionally a drug that has not been previously controlled will be placed in one of the drug schedules or a controlled substance will be moved into a higher or lower schedule. In either of the cases, the drug must be inventoried as of the effective date of transfer, and this inventory should be added to the biennial inventory.

Excessive Purchases of Controlled Substances

The DEA requires pharmaceutical manufacturers and drug distributors to design and operate a system to disclose suspicious orders of controlled substances. The Regional Office of DEA in the area of the manufacturer or wholesaler must be notified. Suspicious orders for controlled substances include orders of unusual size (excessive purchase), orders deviating substantially from a normal pattern, and orders of unusual frequency. To assist the DEA in monitoring controlled substances purchases, a computer system is utilized for tracking selective controlled substances purchases including those from multiple sources of supply.

Interns, Residents, and Foreign Physicians

Any physician who is an intern, resident, or foreign physician may dispense, administer, and prescribe controlled drugs under the registration of a hospital or other institution which is registered and by whom the physician is employed, provided that:

1) The dispensing, administering, or prescribing is in the usual course of his professional practice;
2) The physician is authorized or permitted to do so by the jurisdiction in which he is practicing;
3) The hospital or institution has verified that the physician is permitted to dispense, administer, or prescribe drugs within the jurisdiction;
4) The physician acts only within the scope of his employment in the hospital or institution;
5) The hospital or institution authorizes the intern, resident, or foreign physician to dispense or prescribe under its registration and assigns a specific code number for each physician so authorized. An example of code number is as follows:

DEA Registration Number — AB1234567-012 — Hospital Code Number

6) A current list of internal codes and the corresponding individual practitioners is kept by the hospital or other institution and is made available at all times to other registrants and law enforcement agencies upon request for the purpose of verifying the authority of the prescribing individual practitioner.

Pharmacists should contact the hospital or institution for verification if they have any doubts in dispensing such prescription orders.

Narcotic Treatment Programs (Methadone Clinics)

The Narcotic Addict Treatment Act of 1974 (P.L. 93-281) was signed into law on May 14, 1974. The Act designates which government agencies have control over narcotic treatment programs and the basic requirements of each. The Act further defines the terms "maintenance" and "detoxification" and explains who has to register to treat patients for drug dependence.

In the October 25, 1974 issue of the Federal Register, DEA regulations regarding narcotic treatment programs were published in final form. They became effective as part of Title 21, Code of Federal Regulations, Chapter 1300, on November 15, 1974. These regulations state in detail DEA's requirements regarding narcotic treatment programs.

Recordkeeping and security requirements are very similar to those required of a pharmaceutical distributor or manufacturer.

Order forms are required for all Schedule II narcotic transactions between the supplier and the narcotic treatment programs. This includes the transfer of Schedule II narcotics from the manufacturing or distributor sites to the dispensing location.

At the present time, a narcotic treatment program can obtain six (6) books of order forms (DEA Form 222) from DEA at any one time.

Narcotic treatment programs registered with DEA can handle only the narcotics that they apply for on their DEA Form 363 (registration application) and are approved for use for maintenance in detoxification. Controlled substances for treatment of conditions other than narcotic addiction cannot be administered, dispensed or stored on the premises of a narcotic treatment program at any time, unless the program possesses a practitioner registration at the location of the narcotic treatment program.

Below is a list of definitions regarding narcotic treatment programs:

Maintenance Treatment

The dispensing for a period in excess of twenty-one days, of a narcotic drug in the treatment of an individual for dependence upon heroin or other morphine-like drugs.

Detoxification Treatment

The dispensing for a period not in excess of twenty-one days,

of a narcotic drug in decreasing doses to an individual in order to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of a narcotic drug, as a method of bringing the individual to a narcotic drug-free state within such period.

Compounder

An entity engaging in maintenance treatment or detoxification treatment which also changes the dosage form of a narcotic drug for use in maintenance treatment or detoxification treatment at other locations.

There are six (6) registration categories (business activities) of Narcotic Treatment Programs:

1. Maintenance Program Only
2. Detoxification Program Only
3. Maintenance and Detoxification Program
4. Compounder with a Maintenance Program
5. Compounder with a Detoxification Program
6. Compounder with both a Maintenance and Detoxification Program

Every program must register under the category(ies) which applies to their business activity(ies).

A program may register for detoxification and/or maintenance or compounder with detoxification and/or maintenance. The program must register as a compounder if they compound narcotics on the premises for use at a program on-site and off-site. If compounding or distribution for other programs occurs at a location where no program exists, then the compounding location must register with DEA as a manufacturer and/or distributor.

Problems have arisen regarding narcotic prescription orders (primarily in methadone). According to DEA regulations, a physician may prescribe methadone or any other narcotic for a patient for analgesic purposes only. A patient who is to be or is being maintained or detoxified cannot receive a narcotic prescription order for this purpose. He must receive the necessary narcotics at a registered narcotic treatment program. In this case, the narcotics can be dispensed or administered to him, but not prescribed.

Furthermore, the regulations state that only four specific individuals employed by the narcotic treatment program can dispense or administer narcotics to the patients: (1) the licensed physician, (2) a registered nurse under the direction of the licensed physician, (3) a licensed practical nurse under the direction of the licensed physician, or (4) a pharmacist under the direction of the licensed physician. This regulation is to prohibit the receptionist or counselor or another untrained individual (in some cases even a patient) from administering narcotics to the patient. Incarcerated patients who are legitimately enrolled in narcotic treatment programs have caused considerable problems in certain areas. If this is the case, the program should attempt to make arrangements with FDA and possibly with TRIPS (Treatment Referral, Information and Placement Services) for another program in the area of the prison to assume responsibility for this individual. It must be remembered, however, that even though DEA allows dispensing to the patient on a daily basis by the proper program representative, final authority rests with the prison officials who may not allow this type of activity.

Section 1306.07(b) and (c) of Title 21, CFR have also raised several questions regarding Narcotic Treatment Programs:

A physician who is not part of a narcotic treatment program may administer narcotic drugs to an addicted individual on a daily basis for not more than a three (3) day period to relieve that individual's acute withdrawal symptoms while the physician makes arrangements to enroll the individual in a narcotic treatment program. This treatment cannot last more than three (3) days and may not be renewed or extended.

A hospital that has no program on the premises or a physician who is not part of a treatment program may administer narcotics to a drug dependent individual for either detoxification or maintenance purposes if the individual is being treated for a condition other than the addiction. It is assumed that the physician or hospital staff will not take advantage of this situation and detoxify or maintain a drug dependent person who has sustained a very minor injury or illness which will not prevent him from going to a registered program. Also, a physician is allowed to exercise his medical judgment and to dispense or administer narcotics to an

individual for extended periods for the purpose of relieving intractable pain in which no other relief or cure is known. An example of this would be terminal cancer patients or patients with painful chronic disorders.

Questions regarding any part of the Narcotics Addict Treatment Act of 1974 or any part of the regulations pertaining to the Act, should be directed to the nearest office of the Drug Enforcement Administration or the Food and Drug Administration.

Postal Services Mailing Requirements for Controlled Substances

The following are the mailing rules as set forth in Post Office Services (Domestic) TL-34, 2-7-75, Issue 97.

124.5 Controlled Substances, Narcotics (18 U.S.C. 1716)

.51 Definitions

.511 Controlled Substances

A controlled substance is any narcotic, hallucinogenic, stimulant or depressent drug in Schedules I through V of the Controlled Substances Act (Public Law 91-513), 21 U.S.C. 801, et. seq., and the regulations thereunder, 21 C.F.R. 1300, et. seq.

.512 Narcotic Drugs

Narcotic drugs, as defined in the Controlled Substances Act, include opium, cocaine and opiates (synthetic narcotics) and the derivatives thereof.

.52 Declaration as to Injurious Nature

Controlled substances are, by reason of their addictive nature or capacity for abuse, hereby declared to be Articles, compositions, or materials which may kill or injure another within the intent and meaning of 18 U.S.C. 1716.

.53 Nonmailable Generally

Except under the conditions specified, in 124.5 controlled substances are nonmailable matter and shall not be conveyed in the mails or delivered from any post office or station thereof nor by any letter carrier.

.54 Mailing Requirements

.541 Authorized Mailings

Controlled substances may be transmitted in the mails between persons registered with the Drug Enforcement Administration or between persons who are exempted from registration such as military, law enforcement, and civil defense personnel in the performance of their official duties. Prescription medicines containing non-narcotic controlled substances may be mailed from a registered practitioner or dispenser to an ultimate user. Prescription medicines containing narcotic controlled substances may

be mailed only by Veterans Administration medical facilities to certain veterans. Parcels containing controlled substances must be prepared and packed for mailing in accordance with the requirements of 124.542.

.542 Preparation and Packing

a. The inner container or any parcel containing controlled substances must be marked and sealed in accordance with the applicable provisions of the Controlled Substances Act, 21 U.S.C. 801, and the regulations promulgated thereunder, 21 C.F.R. 1300 et. seq.

b. The inner container of prescription medicines containing controlled substances must, in addition to the marking and sealing requirements set forth in *a*, be labeled to show the name and address of the practitioner, or the name and address of the pharmacy or other person dispensing the prescription of other than the practitioner, and the prescription number.

c. Every parcel containing controlled substances shall be placed in a plain outer container or securely overwrapped in plain paper.

d. No markings of any kind which would indicate the nature of the contents shall be placed on the outside wrapper or container of any parcel containing controlled substances.

.543 Use of Registered Mail Required

Parcels containing controlled substances, including those sent to DEA Regional Offices for disposal (see 21 C.F.R. 1307.2) generally must be sent by registered mail, return receipt requested. The Drug Enforcement Administration number or exemption status of the sender shall be set forth in the sender's address section of Form 3877, as applicable. This information shall appear in the following format:

DEA Registration No. 654321

or

DEA Exempt—Police

.544 Regular Mail Permitted

The following may be sent by regular mail without regard to

the provision of 124.543:

a. Prescription medicine containing non-narcotic controlled substances listed in Schedule II in amounts not exceeding 100 dosage units.

b. Prescription med cine containing non-narcotic controlled substances listed in Schedules III, IV, and V in amounts not exceeding a 100-day supply or 300 dosage units whichever is less.

c. Physician's sample of medicines containing non-narcotic controlled substances in amounts not exceeding the limitations; set forth in 124.544 *a* or *b*.

.55 Exempt Shipments

Small quantities of unknown matter suspected of containing controlled substances may be sent by regular mail without regard to the other provisions of 124.5 only when addressed to a Federal, state or local law enforcement agency for law enforcement purposes. Such mailings must comply with 124.542 (c) and (d).

.56 Violations

Violations of this section shall be referred to the Inspection Service.

The Pharmacist's Corresponding Responsibility for Controlled Substance Prescription Orders*

Title 21, Code of Federal Regulations, *Section 1306.04* provides, in pertinent part, that:

"A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, ***but a corresponding responsibility rests with the pharmacist who fills the prescription.*** *An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of Section 309 of the Act (21 USC 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances." (Emphasis supplied)*

A pharmacist who has any doubts, whatever, concerning the legitimacy of a prescription order presented to him should not dispense it. The pharmacist is required to exercise his own professional judgment with respect to the legitimacy of prescription orders he dispenses. The law does not require a pharmacist to dispense a prescription order of doubtful origin—to the contrary, the pharmacist who deliberately closes his eyes when he has every reason to believe that the purported prescription order had not been issued for a legitimate medical purpose may find himself prosecuted, along with the issuing physician, for knowingly and intentionally distributing controlled substances, a felony offense which may result in the loss of one's business or profession. See **United States v. Kershman,** 555 F.2d 198 *(U.S. Ct. of App., Eighth Circuit, 1977).*

The following is a list of indicia which may indicate that a purported prescription order was not issued for a legitimate medical purpose in the course of the physician's professional practice. This list is admittedly not exhaustive. Pharmacists are encouraged to suggest additional techniques by which they have been able to detect illegal and fraudulent prescription orders.

Reprinted from* ***DEA/Registrant Facts,* *Vol. 4, No. 2, Fall 1978, Stephan E. Stone, Office of Chief Counsel, Drug Enforcement Administration, Washington, D.C.*

- Does the purported prescription order contain an indication other than one found in the package insert?
- Does the prescriber write significantly larger numbers of prescription orders (or in larger quantities) as compared to other practitioners in your area?
- Does the prescriber write for antagonistic drugs, such as depressants and stimulants, at the same time. Drug abusers often request prescription orders for "ups and downs" at the same time.
- Do patients appear to be returning too frequently? In numerous cases drug abusers have been found to have been receiving prescription orders which ought to have lasted for a month in legitimate use, on a biweekly, weekly, or even a daily basis.
- Do patients appear presenting prescription orders written in the names of other people?
- Do a number of people appear simultaneously, or within a short time, all bearing similar prescription orders from the same practitioner?
- Are numerous "strangers," people who are not regular patrons or residents of your community, suddenly showing up with prescription orders from the same physician? Typically, you will find that these individuals are in the 18 to 25 year age group, although drug abuse does not necessarily end with the achievement of chronological maturity.
- Are your purchases of controlled substances rising dramatically? If so, it is time to look at your prescription counter policies. Drug abusers may have found a "vendor" who dispenses prescription orders mechanically, without using professional judgment.

Having found one or more of the above-described symptoms, what is the pharmacist expected to do? Like most people, pharmacists are reluctant to "get involved." Unlike most people, though, the pharmacist really has no choice—he or she is involved, with responsibilities as a professional, a licentiate, and a DEA registrant. In the case of one or two prescription orders which appear to be irregular, the best remedy may well be a call

to the concerned physician. Often, a friendly bit of advice from a fellow professional may be all that is needed to nip a prescribing problem in the bud.

However, where there appears to be a pattern of prescription order abuses, a word to the wise and the mere refusal to dispense certain prescription orders may not be enough. Abusers will simply go elsewhere, possibly to another pharmacist with whom the prescriber has an understanding. In such cases, the pharmacist should waste no time in contacting the State Board of Pharmacy or the local office of the Drug Enforcement Administration. Both DEA and State authorities consider retail-level diversion as priority problems. Your information will be handled confidentially and will receive prompt attention. DEA cannot, however, get to the source of the diversion without your cooperation.

Dealing with Forged Prescription Orders*

The only way a passer of forged prescriptions can obtain drugs is by presenting a prescription order—written or oral—to a pharmacist. Thus, it is important that the dispensing pharmacist maintain a constant vigilance against forged prescriptions.

A prescription order represents any request by an authorized prescriber for the dispensing, or the administration, to a particular patient—of a particular quantity of a particular drug, in a particular dosage form and strength, for use according to particular directions, to treat a particular condition of health, at a particular time.

The problem of the diversion of legitimately-manufactured drugs is a source of constant concern to the Drug Enforcement Administration. Repeatedly, state and local law enforcement agencies, as well as pharmaceutical industry representatives, cite prescription fraud as a substantial part of this problem.

The DEA recognizes that attempts to obtain legitimately-manufactured controlled drugs by misrepresentation—i.e., forged prescriptions and stolen prescription blanks—are significant problems confronting pharmacists and local law enforcement agencies. With the passage of the Comprehensive Drug Abuse Prevention and Control Act of 1970, more stringent controls were placed on the dispensing of controlled drugs by pharmacists. There is no doubt that these restrictions have served to somewhat curtail the fraudulent prescription problem.

Kinds of Forged Prescription Orders

Pharmacists should be aware of the various kinds of forged prescription orders which may be presented for dispensing:

The Forged Physician's Rx Order

(a) Legitimate prescription pads are stolen from physicians' offices, and prescription orders are written for fictitious patients.

(b) Some patients, in an effort to obtain additional amounts

Editor's Note: The section on forged prescription orders was adapted from the article "Don't Get Trapped by Fraudulent R_x!", Delbert D. Konnor, Pharm. M.S., **Pharmacy Times, September, 1975, Vol. 41, No. 9, pp. 46-49. Printed with permission. All rights reserved.*

of legitimately-prescribed drugs, alter the physician's prescription.

The Forged Hospital Rx Order

Many times, prescription pads are stolen from hospitals, and the forger uses names and addresses of fictitious patients.

Phoned-In Fraudulent Rx Orders

Some forgers prefer to telephone the prescription order to the pharmacy, and then send an accomplice to obtain the drug.

The Bogus Physician's Rx Order

Using completely false data, some forgers may have prescription pads printed to appear genuine, and then attempt to have the prescription orders dispensed.

The practiced forger of prescription orders is usually very adept at his job. He knows what information is needed on the prescription order to make it appear authentic. When a prescription order looks *too* good, the dispensing pharmacist should be alerted to a possible forged prescription. Consequently, it is important that the pharmacist be familiar with the prescriber's signature and method of writing prescription orders.

Proper Controls

The more difficult the pharmacist makes it for the forger to alter, forge, and pass a fraudulent prescription order, the less likely he is to experience a forged prescription problem. This can best be accomplished by following common sense, good professional practice, and proper dispensing procedures and controls.

Loose or routine dispensing procedures, without control and professional caution, are an invitation to the forger to make your business—*his.* By increasing the forger's risk of detection and apprehension, you will make him look elsewhere.

The pharmacist must be alert for forged or altered prescription orders or "prescriptions" written by (1) non-existent prescribers or for (2) non-existent patients. A prescription order for a controlled substance must be issued for a legitimate medical purpose by an individual practitioner, acting in the usual course of his professional practice. The law holds the pharmacist responsible for knowingly dispensing a prescription issued *not* in the

usual course of professional treatment. The DEA also expects that pharmacists will make a reasonable effort to determine the identity of a prescriber—if he is not known to the dispensing pharmacist.

MDs' Signature Reference File

Some pharmacists maintain a reference file of physicians' signatures. Also, a list of physicians' addresses, telephone numbers, and DEA registration numbers is a helpful aid and a time-saving idea. Similarly, the use of a patient profile card or any similar pharmaceutical record system also facilitates patient identification. Although the maintenance of a patient drug profile card is somewhat time-consuming, it does enable the pharmacist to better perform his professional duties. Certainly, a passer of forged prescriptions would not entertain having a patient history taken while he waits for the medication to be dispensed.

Anytime you are in doubt, require proper identification. Although the procedure isn't foolproof (identification papers can also be forged), it does increase the forger's risk potential.

If you believe that you have a forged, altered, or bogus prescription order—don't dispense it. If you have a question, call your local police.

8 Ways To Detect Fraudulent Prescription Orders

- Know the prescriber.
- Know the prescriber's signature.
- Know the prescriber's DEA registration number.
- Know the patient.
- Follow good professional practice and dispensing procedures; compromises or shortcuts may lead to errors in judgment.
- Check the date on the prescription order. Has it been presented to you in a reasonable length of time since the prescriber wrote it?
- When there is a question about any aspect of the prescription order, telephone the prescriber for verification or clarification.
- Should there be a discrepancy, the patient must have a plausible reason before the prescription medication is dispensed.

7 Characteristics of Forged Prescription Orders

- The prescription order looks too good. The prescriber's handwriting too legible;
- Quantities, directions, or dosages that differ from usual medical usage;
- Prescription orders written on hospital blanks (if you don't know the prescriber, check with the hospital to verify both the prescriber and the patient);
- Prescription orders which do not comply with the acceptable standard abbreviations or appear to be textbook presentations;
- Photocopied prescription blanks;
- Directions written in full—with no abbreviations;
- Use of different-color inks or written in different handwritings.

7 Suggestions to Prescribers

Listed below are 7 recommendations which you can pass on to *physicians* about the care and security of prescription pads. These will help reduce the number of forged prescription orders:

(1) Treat prescription pads like a personal checkbook.
(2) Maintain adequate security for prescription pads.
(3) Stock only a minimum number of prescription pads.
(4) Keep prescription pads in your possession when you are actively using them.
(5) Do not leave prescription pads "unattended." When not in use, place them in a locked desk or cabinet.
(6) Store surplus prescription pads in a locked drawer or a safe, appropriate area.
(7) Report any prescription pad theft to local pharmacies as well as to the State Board of Pharmacy.

DEA Domestic Regional, District, and Resident Offices*

Northeastern Regional Office
555 West 57th Street
New York, New York 10019
212/399–5131

Boston District Office
JFK Federal Building
Room G–64
Boston, Massachusetts 02203
617/223–2170

Buffalo Resident Office
268 Main Street
Suite 300
Buffalo, New York 14202
716/846–4421

Hartford District Office
450 Main Street
Room 628–E
Hartford, Connecticut 06103
203/244–3230

Long Island District Office
1 Huntington Quadrangle, Suite IC–02
Melville, New York 11746
516/420–4500

Newark District Office
Federal Office Building
970 Broad Street
Newark, New Jersey 07101
201/645–6060

New York City District Office
555 West 57th Street
New York, New York 10019
212/399–5018

Philadelphia District Office
William J. Green Federal Building
600 Arch Street, Room 10224
Philadelphia, Pennsylvania 19106
215/597–9540

Pittsburgh District Office
Federal Building
1000 Liberty Avenue
Room 2306
Pittsburgh, Pennsylvania 15222
412/644–3390

Southeastern Regional Office
8400 N.W. 53rd Street
Miami, Florida 33166
305/591–4880

Atlanta District Office
United Family Life Building
230 Houston Street N.E.
Suite 200
Atlanta, Georgia 30303
404/221–4412

Baltimore District Office
955 Federal Building
31 Hopkins Plaza
Baltimore, Maryland 21201
301/962–2224

Birmingham Resident Office
236 Goodwin Crest
Suite 520
Birmingham, Alabama 35209
205/229–0620

Greensboro Resident Office
925 West Market Street
Room 111
Greensboro, North Carolina 27401
919/378–5203

Miami District Office
8400 N.W. 53rd Street
Miami, Florida 33166
305/591–4980

Nashville Resident Office
Estes KeFauver Federal Building
—U.S.C.H.
Room A929
801 Broadway
Nashville, Tennessee 37203
615/251-5988

New Orleans District Office
1001 Howard Avenue
New Orleans, Louisiana 70113
504/589–2171

** Only those District and Resident Offices which have Compliance Investigators are listed.*

San Juan District Office
Housing Investment Building
Suite 514
416 Ponce de Leon Avenue
Hato Rey, Puerto Rico 00919
809/754–6450

Tampa Resident Office
700 Twiggs Street
Suite 400
Tampa, Florida 33602
813/228–2178

North Central Regional Office
1800 Dirksen Federal Building
219 South Dearborn Street
Chicago, Illinois 60604
312/353–1234

Chicago District Office
1800 Dirksen Federal Building
219 South Dearborn Street
Chicago, Illinois 60604
312/353–1234

Cincinnati District Office
Federal Office Building
550 Main Street
Room 7405
Cincinnati, Ohio 45202
518/684-3571

Cleveland District Office
601 Rockwell, Room 300
Cleveland, Ohio 44114
216/293–3705

Des Moines Resident Office
U.S. Courthouse
P.O. Box 1784
Des Moines, Iowa 50309
515/862–4700

Detroit District Office
357 Federal Building
231 West Lafayette
Detroit, Michigan 48226
313/226–7290

Indianapolis Resident Office
575 N. Pennsylvania, Room 290
Indianapolis, Indiana 46204
317/331-7977

Kansas City District Office
U.S. Courthouse
1150 Grand Avenue
Suite 400
Kansas City, Missouri 64106
816/758–2621

Minneapolis Resident Office
Federal Building
110 South Fourth Street
Room 402
Minneapolis, Minnesota 55401
612/725–2783

St. Louis District Office
Chromaloy Plaza, Suite 200
120 South Central Avenue
St. Louis, Missouri 63105
314/279–3264

South Central Regional Office
1880 Regal Row
Dallas, Texas 75235
214/767–7203

Dallas District Office
1880 Regal Row
Dallas, Texas 75235
214/767–7250

Denver District Office
U.S. Custom House
Room 316
P.O. Box 1860
Denver, Colorado 80201
303/837–3951

Phoenix District Office
Valley Bank Center
201 North Central, Suite 1980
Phoenix, Arizona 85073
602/261–4866

Western Regional Office
350 South Figueroa Street
Suite 800
Los Angeles, California 90071
213/688–5225

Honolulu Resident Office
FAA Building, 4th Floor
1833 Kalakaua Avenue
Honolulu, Hawaii 96815
808/556–9000 Ask for 546–8391

Los Angeles District Office
350 South Figueroa Street, Suite 800
Los Angeles, California 90071
213/688-3344

Portland Resident Office
Terminal Sales Building
1220 S.W. Morrison, Suite 706
Portland, Oregon 97205
503/423-3371

San Francisco District Office
450 Golden Gate Avenue
Box 36035
San Francisco, California 94102
415/556-3325

Seattle District Office
221 1st Avenue West
Suite 200
Seattle, Washington 98119
206/399-5996

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